



DIRECTIONS: <ul style="list-style-type: none">• Complete the entire two page application form.• Submit a separate application for each facility or activity to be licensed.• Attach a separate check for \$300.00 for each license application, made payable to: COMMONWEALTH OF MASSACHUSETTS.	
1. Business Name:	2. Telephone #: () Fax #: ()
3. D.B.A. (Doing Business As):	
4. Mailing Address:	
5. Facility Address (if different from Mailing Address):	6. Telephone #: () Fax #: ()
7. Responsible Contact Person:	8. Twenty-four (24) Hour Emergency Telephone #: () Email Address: _____
9. Specific Activity (check one box only - submit additional applications if necessary): <input type="checkbox"/> 9a: Food Processing, includes distribution, packing and repacking <input type="checkbox"/> 9c: Wholesale from Residential Kitchen (Non-Potentially Hazardous Foods only) <input type="checkbox"/> 9b: Distribution at Wholesale only <input type="checkbox"/> 9d: Cold Storage	
10. If you have checked items 9a or 9c, list, on a separate attachment, the specific products your business will manufacture, i.e., cookies, sandwiches (list types), prepared salads (list types), flavored oils, sauces (list types), etc.	

(OVER)

Ownership	Name	Address
11. Individual		_____ _____
12. Partnership	A. _____ B. _____	A. _____ _____ B. _____ _____
13. Corporation: A) President B) Treasurer C) Clerk	A. _____ B. _____ C. _____	A. _____ _____ B. _____ _____ C. _____ _____
14. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation:

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ Date _____ Owner or Corporate Officer

If applying as an Individual, your Social Security #: _____

Tax or Federal I.D.#: _____

APPLICATION FEE: \$300.00 per SITE or ACTIVITY. Each site or activity requires a separate application form. No license issued pursuant to this application shall be transferred or assigned.

NOTE: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Fall River (508-646-01374) or Springfield (413-784-1376).